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On 3/29/07

By Angela Lodding
Angela Lodding

PATENT
Attorney Docket No.: PX-02-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Howard Preissman)
Serial No.: 09/828,539) Examiner: Cheryl L. Miller
Filed: April 5, 2001) Art Unit: 3738
For: ENHANCED VISIBILITY MATERIALS FOR) Confirmation No.: 9912
IMPLANTATION IN HARD TISSUE)
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)
)
)
**NOTIFICATION OF CHANGE OF
ENTITY STATUS AND
CORRECTION OF ERRONEOUSLY
CLAIMED SMALL ENTITY STATUS**

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant wishes to notify the U.S. Patent and Trademark Office that small entity status is no longer appropriate for this patent application.

Applicant further wishes to notify that the itemization and payment of deficiencies required for correction of erroneously claimed status as a small entity are submitted herewith pursuant to 37 C.F.R. § 1.28(c).

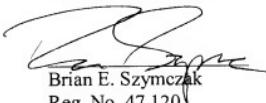
Itemization of the total deficiency payment:

Type	Date of Erroneous Payment	Current Fee Amount for Non-Small Entity	Amount Paid in Error	Deficiency Owed (Current Fee - Amt. Paid in Error)
Claims in excess of twenty (18 new claims added)	February 22, 2006	\$900.00	\$425.00	\$475.00
Independent Claims in excess of 3 (1 new independent Claim added)	February 22, 2006	\$200.00	\$100.00	\$100.00
One-Month Extension of Time	September 19, 2006	\$120.00	\$60.00	\$60.00
Claims in excess of twenty	September 19, 2006	\$50.00	\$25.00	\$25.00
Total Deficiency Owed				\$660.00

Applicant hereby authorizes the Commissioner to charge \$660.00 to Deposit Account No. 50-0359 of ArthroCare Corporation, corresponding to the Total Deficiency Owed for the itemized fees for the above-reference patent application.

Applicant believes no further fees are due at this time, however, the Commissioner is hereby authorized to charge any additional fees or credit any over payments to Deposit Account No. 50-0359 of ArthroCare Corporation, as necessary.

Respectfully submitted
Attorney for Applicant,



Brian E. Szymczak
Reg. No. 47,120

Date: 3/29/2007

SEND CORRESPONDENCE TO:
ARTHROCARE CORPORATION
CUSTOMER NO. **21394**
512.391.3961
512.391.3901 (fax)